1999 NATIONAL HIV PREVENTION CONFERENCE

Abstract 697

TITLE: Motivational Interviewing to Facilitate Reduced HIV Risk Among MSM Alcohol Users **AUTHORS:** Beadnell, B; Rosengren, D; Downey, L; Fisher, D; Best, H; Wickizer, L (U of Washington)

ISSUE: HIV risk reduction interventions for substance abusing men who have sex with men (MSM) are urgently needed. However, enrolling and retaining this population is challenging. To be optimally feasible and effective, interventions must be brief in nature, motivation enhancing, and friendly. Motivational enhancement approaches meet these criteria and have been found to be useful and effective with substance abuse itself.

SETTING: This intervention was provided to participants in Seattle, Washington. Participants were alcohol and drug using men who have sex with men, recruited from community settings. All had risk behaviors for sexually transmitted diseases (STDs), including HIV.

PROJECT: ATTITUDES is a NIAAA-funded exploratory/developmental project, with three phases: (1) elicitation research (via focus groups and individual interviews) with men from the target population, (2) development (informed by findings from the elicitation research) of a 2-session motivational intervention, and (3) pilot testing of the intervention. The intervention is based on the Motivational Interviewing Model (Miller & Rollnick, 1991). It is composed of three elements: (1) provision of information about HIV risk and substance use, (2) efforts to increase the client's commitment to and motivation for STD/HIV risk reduction, and (3) exposure to client-specific behavioral skills. Recruitment for the project was done in places frequented by the target population, used messages that were designed specifically for the population, and included generous financial incentives to engage men who (despite being at high risk) were not motivated by concern about their risk behaviors.

RESULTS: We were successful in recruiting substance using MSMs who were in precontemplative and contemplative stages of change with regard to their risk for STDs, including HIV. We have provided the motivational intervention to 20 individuals, and are continuing to provide it to others. Participants have reported (on project evaluation instruments) that they found the intervention friendly, collaborative, nonjudgmental, and non-coercive. Many report making plans to alter their risk behaviors as a result of the intervention.

LESSONS LEARNED: Specific recruitment strategies can help in recruiting this hard-to-reach group. Further, motivational interviewing shows promise in increasing risk awareness and creating intentions for behavioral risk reduction. Particularly effective elements include providing (1) local data concerning STD and HIV rates, (2) client-specific behavioral feedback, and (3) harm reduction ideas and strategies. We plan to test this intervention in a larger efficacy trial.

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